



MetroPublicHealthDept
Nashville/Davidson County
Promoting and Protecting Health

Engineering Services
311 23rd Avenue North
Nashville, Tennessee 37203

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<http://healthweb.nashville.gov>

APPLICATION FOR INFORMATION

Regarding
Private On-Site Subsurface Sewage Disposal System (SSDS)

Please complete the following information:

1. Owner's Name: _____
2. Property Address: _____

3. Property Map & Parcel Number: _____ Map: _____ Parcel: _____
4. Subdivision Name: _____ Lot Number: _____
5. Requested By: Name: _____
Mailing Address: _____

- Phone Number: _____ Fax Number: _____
6. How would you like to receive the results of this file search? (please check one)
Fax: _____ Office Pick-Up: _____ Mail*: _____
*** If mailed, a self-addressed stamped envelope must be included with this document.**
7. Signature: _____ Date: _____

For Department use only:

Date Received: _____

RESULT of FILE SEARCH

_____ SSDS Approval Granted: Date: _____ for a _____ bedroom system.

_____ SSDS Inspection: Date: _____ for a _____ bedroom system.

_____ Based on a thorough file search, inadequate information exists in the Departmental files regarding the approval _____ or inspection _____ of the SSDS at this property.

_____ Departmental files contain no information regarding the SSDS at this property.

Comments: _____

Since no site visit has been made in regard to this request, no comment or warranty about the current condition or future performance of the SSDS is given. This is NOT an Assessment Letter and is not to be used for loan closings. Nor can the Department make any representation about whether unauthorized modifications have been made to either the SSDS or the original structure. This document only reflects what the Department's records indicate about the number of bedrooms authorized in the subsurface sewage disposal system approval based on the information provided in this application.

Departmental Representative: _____ Date: _____